

**PUBLIC RECORDS REQUEST**

<b>A. REQUEST FOR RECORDS BY:</b>				
NAME	LAST	FIRST	MIDDLE	TITLE (IF APPLICABLE)
ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)				
MAILING ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)		FAX NUMBER (INCLUDE AREA CODE)		E-MAIL ADDRESS
<b>B. DESCRIBE SPECIFIC RECORDS BEING REQUESTED:</b>				
IF REQUESTING RECORDS ON A SPECIFIC INDIVIDUAL OR EMPLOYER THEN PROVIDE <u>NAME OF SUBJECT</u>				
IF REQUESTING RECORDS ON A SPECIFIC INDIVIDUAL OR EMPLOYER THEN PROVIDE <u>IDENTIFYING NUMBER</u> (i.e. SSN, UBI, etc)				
DESCRIBE RECORDS BEING REQUESTED:				
<b>C. NOTIFICATION OF CHARGES FOR RECORDS:</b>				
<input type="checkbox"/> Notify me of any cost for records that exceeds \$ _____ before providing the requested records.				
<b>D. SIGN REQUEST FOR RECORDS</b>				
Records on an individual or employer are considered private and confidential under Chapter 50.13 RCW. With few exceptions, non-governmental requestors may <b><u>not</u></b> access such information without a signed release or a subpoena in compliance with RCW 50.13.070.				
I declare under the penalty of perjury under the laws of the State of Washington that I will <b><u>not</u></b> use the requested records for commercial purposes.				
SIGNATURE:			DATE REQUESTED:	
X				

**REQUEST FOR RECORDS MAY BE SENT TO:**

Employment Security Department      Fax (360) 586-2133  
Attn: Records Disclosure Unit      Phone (360) 586-2132  
P.O. Box 9046  
Olympia WA 98507-9046

**For Department use only:**

DATE REQUEST RECEIVED	SECTION/OFFICE	NAME OF ESD EMPLOYEE
ACTION TAKEN ON REQUEST		